

Amendments to the Specification:

Please replace paragraph [0015] with the following amended paragraph:

[0015] For example, FIGURE 1 depicts a diagram illustrating a PPO plan and major medical coverage 100 provided by an insurance company 102 in accordance with the prior art. The prior art includes an insurance company 102, one or more individuals 104 either individually or part of a group and one or more service or product providers 106. The individual 104 pays a premium 108, which includes enrollment in a PPO Plan and major medical coverage, to the insurance company (PPO Plan and Major Medical Plan) 102. All or part of the premium 108 may be paid by the individual's 104 employer or business. The premium 108 may also include coverage for a spouse and dependents. When an individual 104 or a family member obtains health/medical services or products from a service/product provider 106, the individual 104 typically pays a co-pay 110 to the service/product provider 106 when the services or products are covered by the PPO Plan. If, however, the service or product is not covered by the PPO Plan, but is covered by the major medical coverage, the individual 104 typically pays a deductible up to a maximum out-of-pocket expense limit. The insurance company 102 then pays the service or product provider 106 based on contractual price list (PPO Fee) or what is deemed as usual and customary charges (Major Medical Payment) for the product or service in the particular geographic area (collectively shown as 112). Note that there can be a significant delay and administrative overhead associated with obtaining payment 112 from the insurance company 102.

Please replace paragraph [0018] with the following amended paragraph:

[0018] The present invention provides a system that includes a network provider that provides a health care plan, one or more medical service/good providers that have joined the health care plan, one or more individuals that are members of the health care plan and participate via incentives within a member multi-level marketing network, and a discount

price list provided by the network provider that regulates the cost of services/goods provided to the members by the medical service/good providers such that the members pay the medical service/good providers in-full directly for any services/goods rendered based on the discount price list.

Please replace paragraph [0019] with the following amended paragraph:

[0019] Moreover, the present invention provides a method for providing a health care plan wherein a membership fee is received from one or more individuals to become members of the health care plan and participate via incentives within a member multi-level marketing network, information is obtained from one or more medical service/good providers that have joined the health care plan and a discount price list is provided that regulates the cost of services/goods provided to the members by the medical service/good providers such that the members pay the medical service/good providers in-full directly for any services/goods rendered based on the discount price list. This method can be implemented as a computer program embodied on a computer readable medium wherein the steps are implemented by code segments.

Please replace paragraph [0020] with the following amended paragraph:

[0020] In addition, the present invention provides an apparatus for providing a health care plan that includes a server, one or more storage devices communicably coupled to the server and a communications interface communicably coupled to the server that allows a member to access the discount price list. The one or more data storage devices contain a discount price list that regulates the cost of services/goods provided to a member of the health care plan by a medical service/good provider such that the member pays the medical service/good provider in-full directly for any services/goods rendered based on the discount price list. The member is an individual that has paid a membership fee to join the health care plan and participate via incentives within a member multi-level marketing network.

Please replace paragraph [0021] with the following amended paragraph:

[0021] Moreover, the present invention provides a system that includes a network provider that provides a health care plan, one or more medical service/good providers that have joined the health care plan and participate via incentives within a member multi-level marketing network, one or more individuals that are members of the health care plan and a discount price list provided by the network provider that regulates the cost of services/goods provided to the members by the medical service/good providers such that the members pay the medical service/good providers in-full directly for any services/goods rendered based on the discount price list.

Please replace paragraph [0022] with the following amended paragraph:

[0022] Moreover, the present invention provides a method for providing a health care plan wherein a membership fee is received from one or more individuals to become members of the health care plan, information is obtained from one or more medical service/good providers that have joined the health care plan and participate via incentives within a member multi-level marketing network, and a discount price list is provided that regulates the cost of services/goods provided to the members by the medical service/good providers such that the members pay the medical service/good providers in-full directly for any services/goods rendered based on the discount price list. This method can be implemented as a computer program embodied on a computer readable medium wherein the steps are implemented by code segments.

Please replace paragraph [0023] with the following amended paragraph:

[0023] In addition, the present invention provides an apparatus for providing a health care plan that includes a server, one or more storage devices communicably coupled to the server and a communications interface communicably coupled to the server that allows a member to access the discount price list. The one or more data storage devices

contain a discount price list that regulates the cost of services/goods provided to a member of the health care plan by a medical service/good provider such that the member pays the medical service/good provider in-full directly for any services/goods rendered based on the discount price list. The member is an individual that has paid a membership fee to join the health care plan, and the medical service/good provider joins the health care plan and participates via incentives within a member multi-level marketing network.

Please replace paragraph [0024] with the following amended paragraph:

[0024] In addition, the present invention provides a direct point-of-sale system that includes a network of one or more medical service providers, one or more customers having access to the network of one or more medical service providers and a variable discount price list that tracks a known standard service price list for that regulates the cost of services provided to the customers by the medical service providers and wherein the customer pays the network of medical service providers in-full directly for any services rendered based on the variable discount price list. New medical service providers that enter the network participate via incentives within a multi-level marketing network.

Please replace paragraph [0030] with the following amended paragraph:

[0030] For example, FIGURE 2A depicts a diagram illustrating a PPO plan 200 (PPO BUSTERS) provided by a network provider 204 in accordance with one embodiment of the present invention. PPO BUSTERS 200 includes a network provider 204, individuals (members) ~~202~~ 104 and medical service/good providers ~~206~~ 106. As previously described, individuals ~~202~~ 104 pay a membership fee 210 to the network provider 204 and/or PPO BUSTERS in order to join the program and access the medical service/good provider listing and discount price list 208. All or part of the membership fee 210 may be paid by the individual's ~~202~~ 104 employer or business. The membership fee 210 may also include coverage for a spouse and dependents. The medical service/good provider listing 208 is created and maintained by the network provider 204 or its agents and

contains, in part, information provided by the medical service/good providers ~~206~~ 106. The medical service/good providers ~~206~~ 106 provide this information to the network provider 204 when they join PPO BUSTERS by agreeing to the terms and conditions of the network provider 204, such as agreeing to only charge individuals ~~202~~ 104 of PPO BUSTERS the discount price 212. The individual ~~202~~ 104 pays the discount price 212 to the medical service/good provider ~~206~~ 106 when the goods or services are rendered. The individual ~~202~~ 104 can “look up” the discount price on the discount price list 208 prior to contacting the medical service/good provider ~~206~~ 106.

Please replace paragraph [0031] with the following amended paragraph:

[0031] The medical service/good providers ~~206~~ 106 include physicians, hospitals, physical therapists, nursing facilities, cancer treatment centers, optical and hearing aid dispensaries, hospices, clinics, pharmaceutical benefit managers (“PBM”), pharmacies, chiropractors, dentists, medical supply stores, hospital supply stores and handicap equipment suppliers. As used herein the term “corporation” is used to refer to for-profit, non-profit, chartered and other organizations, including government entities, which may administer or be clients of the PPO Busters network.

Please replace paragraph [0033] with the following amended paragraph:

[0033] For example, FIGURE 2B illustrates an insurance company ~~252~~ 102 providing only major medical insurance coverage 250 to supplement the PPO BUSTERS plan 200 provided in accordance with the present invention. This supplement to PPO BUSTERS includes an insurance company (Major Medical Plan Only) ~~252~~ 102, one or more individuals (members) ~~202~~ 104 either individually or part of a group and one or more medical service/product providers ~~206~~ 106. The individual ~~202~~ 104 pays a major medical premium ~~254~~ 108 to the insurance company ~~252~~ 102. All or part of the premium ~~254~~ 108 may be paid by the individual’s ~~202~~ 104 employer or business. The premium ~~254~~ 108 may also include coverage for a spouse and dependents. When an individual ~~202~~ 104 or

a family member obtains health/medical services or products from a medical service/product provider ~~206~~ 106, the individual ~~202~~ 104 pays a co-pay/deductible ~~256~~ 110 up to a maximum out-of-pocket expense limit. The insurance company ~~252~~ 102 then pays the medical service/product provider ~~206~~ 106 based on what is deemed as usual and customary charges (Major Medical Payment ~~258~~ 112) for the product or service in the particular geographic area. Note that there can be a significant delay and administrative overhead associated with obtaining payment ~~258~~ 112 from the insurance company ~~252~~ 102.

Please replace paragraph [0034] with the following amended paragraph:

[0034] The larger PPO BUSTERS membership roles become, the better the group premium ~~254~~ 108 will become for its members. The bottom-line is that such insurance, without a mandatory PPO option, will only cost a fraction of what a normal medical insurance policy costs today because the insurance company ~~252~~ 102 will not be responsible for the majority of the claims that current insurance companies pay. While the individual ~~202~~ 104 will pay for their basic medical needs at greatly reduced prices ~~212~~ (FIGURE 2A) (the same that PPO's are currently paying), their overall cost of medical services (insurance, co-pays and deductibles) will go down dramatically because they are no longer being forced to let the insurance company ~~252~~ 102 make its profit spreads on every dollar spent for medical services. Moreover, healthy people will pay even less when compared to a current group health insurance premium. Over time, the savings can be tremendous for young healthy people, because health care expenses are shifted from present day dollars to future dollars. In addition, the young healthy people are not subsidizing those that are less healthy.

Please replace paragraph [0041] with the following amended paragraph:

[0041] As shown in FIGURE 4, the PPO BUSTERS system, method and apparatus ~~400~~ may be integrated into an existing multi-level marketing company, with a large existing

base of potential members and/or an insurance company, which see the value of PPO BUSTERS vision and is not currently involved with a PPO. The system 400 may include charging a membership fee to each member 104 in the PPO Busters pool of members 402 314, 408, 410, 412, 414 and 416 much of which may be paid into a MLM marketing network or matrix, so that members that wish, can build substantial new businesses that can provide for their long term financial security. A portion of the membership fee may also be paid to PPO BUSTERS. The benefits of a MLM marketing system are known and understood. A MLM marketing network may also be provided to the providers 106 in the pool of medical service/good providers ~~302, 418, 420, 422, 424 and 426~~.

Please replace paragraph [0042] with the following amended paragraph:

[0042] As previously described, the server 310 contains price list information 312, information from advertisers 316 and information about the pool of medical service/good providers 302. A member ~~402~~ 104 accesses the server 310 and searched the medical service/good providers' basic 306 and/or premium listings 308 in block 404. Advertisements can be displayed to the member ~~402~~ 104 based on the search. Once the member ~~402~~ 104 reviews the basic listings 306 and premium listings 308, the member ~~402~~ 104 selects a medical service/good provider 302 in block 406.

Please replace paragraph [0046] with the following amended paragraph:

[0046] Now ~~Referring~~ referring to FIGURE 5, a revenue flow chart 500 in accordance with one embodiment of the present invention is shown. The network provider ~~502~~ 204 or PPO BUSTERS receives revenue from the pool of members 314 through membership fees ~~504~~ 210, advertisers 316, such as pharmaceutical companies, through advertising fees 506, and medical service/good providers ~~302~~ 106 for premium listings 308 through premium listing fees 508. There is no charge to medical service/good providers 302 for basic listings 306. Additional revenue 510 may also be obtained through a new MLM of medical service/good providers 302 ~~418, 420, 422, 424 and 426~~.

Please replace paragraph [0048] with the following amended paragraph:

[0048] Now referring to FIGURE 6B, a flow chart showing the steps 630 performed by a medical service/good provider ~~206~~ 106 in accordance with one embodiment of the present invention (FIGURES 2A and 7) is shown. The medical service/good provider ~~206~~ 106 joins the member-provider network in block 634. If the medical service/good provider ~~206~~ 106 does not agree to an existing discount price list, as determined in decision block 636, the medical service/good provider ~~206~~ 106 submits a discount price list in block 638. Once the price list is either agreed to, as determined in decision block 636, or submitted in block 638, the medical service/good provider ~~206~~ 106 elects to have a basic or premium listing as determined in decision block 640. If the medical service/good provider ~~206~~ 106 elects not to have a premium listing, as determined in decision block 640, the medical service/good provider ~~206~~ 106 provides the necessary information to be included in the basic listing in block 642. If, however, the medical service/good provider ~~206~~ 106 elects to have a premium listing, as determined in decision block 640, the medical service/good provider ~~206~~ 106 pays the premium listing fee in block 644 and provides the desired information to be included in the premium listing in block 646. Once the listing information is complete (blocks 642 or 646), the medical service/good provider ~~206~~ 106 provides goods or services to members in block 648 and receives payment for the goods or services provided based on the price list at time of delivery in block 650. As previously mentioned, the medical service/good provider ~~206~~ 106 receives payment immediately from the member instead of waiting on and hassling with an insurance company.

Please replace paragraph [0049] with the following amended paragraph:

[0049] Referring now to FIGURE 6C, a flow chart showing the steps 660 performed by a member ~~202~~ 104 in accordance with one embodiment of the present invention (FIGURES 2A and 7) is shown. The member ~~202~~ 104 pays a membership fee to join the member-provider network in block 664. When the member ~~202~~ 104 needs medical

services or goods, he or she searches the medical service/good provider list using various well known criteria, such as area and services/goods provided, in block 666. The member ~~202~~ 104 then selects a medical service/good provider and reviews the listing (basic or premium) and price list for the selected medical service/good provider in block 668. If the medical service/good provider is acceptable, as determined in decision block 670, the member ~~202~~ 104 contacts the selected medical service/good provider in block 672. If, however, the medical service/good provider is not acceptable, as determined in decision block 670, the member ~~202~~ 104 can narrow the search parameters or perform a new search in block 666 and repeats the process. Once the member ~~202~~ 104 contacts the medical service/good provider in block 672, the member ~~202~~ 104 receives the goods or services from the medical service/good provider in block 674 and pays the medical service/good provider for the goods or services provided based on the price list at the time of delivery in block 676.

Please replace paragraph [0050] with the following amended paragraph:

[0050] Now referring to FIGURE 7, a diagram illustrating PPO BUSTERS 700 provided by a pharmacy network provider, which may include a group of retail or wholesale drug stores, or pharmaceutical companies, etc., in accordance with another embodiment of the present invention is shown. This embodiment of PPO BUSTERS 700 includes a pharmacy network provider 704, individuals ~~202~~ 104 and pharmacies 706. Individuals ~~202~~ 104 pay a membership fee ~~740~~ 210, typically per person/family per month/year, to the pharmacy network provider 704 and/or PPO BUSTERS in order to join the program and access the pharmacy listing and discount price list 708. All or part of the membership fee ~~740~~ 210 may be paid by the individual's ~~202~~ 104 employer or business. The membership fee ~~740~~ 210 may also include coverage for a spouse and dependents. The pharmacy listing 708 is created and maintained by the pharmacy network provider 704 or its agents and contains, in part, information provided by the pharmacies 706. The pharmacies 706 provide this information to the pharmacy network provider 704 when they join PPO BUSTERS by agreeing to the terms and conditions of the pharmacy

network provider 704, such as agreeing to only charge individuals ~~202~~ 104 of PPO BUSTERS the discount price ~~72~~12. The individual ~~202~~ 104 pays the discount price ~~72~~12 to the pharmacy 706 when the goods or services are rendered. The individual 702 can “look up” the discount price on the discount price list 708 prior to contacting the pharmacy 706.

Please replace paragraph [0051] with the following amended paragraph:

[0051] Flow charts illustrating this embodiment of the present invention are the same as previously described FIGURES 6A, 6B and 6C wherein the following references are equivalent to one another: members ~~202~~ 104 (FIGURES 6A, 6B and 6C) and individuals ~~202~~ 104 (FIGURE 7); network provider 204 (FIGURES 6A, 6B and 6C) and pharmacy network provider 704 (FIGURE 7); and service/good provider ~~206~~ 106 (FIGURES 6A, 6B and 6C) and pharmacy 706 (FIGURE 7). In addition, this embodiment of the present invention includes designing a pricing schedule of all the drugs offered at a discount through participating pharmacies. Once the drug schedules are developed, a premium listing may be sold for each specific drug listed on the web site and/or link to the website of the drug company that manufactures the product (see blocks 606 through 614 in FIGURE 6A), which would act as a full page advertisement on the actual drug itself or about the drug manufacturer. These particular premium drug listings would be sold at a rate based on the value of a targeted market demographic audience thus allowing individual drug companies to aggressively market their drugs to targeted consumers.

Please replace paragraph [0052] with the following amended paragraph:

[0052] For example, FIGURE 8 illustrates PPO BUSTERS 800 provided by a pharmacy benefit manager 804, which is typically a managed volume purchaser of drugs, in accordance with another embodiment of the present invention. This embodiment of PPO BUSTERS 800 includes a pharmacy benefit manager 804, individuals 202 and pharmaceutical companies 806. Individuals ~~202~~ 104 pay a membership fee ~~810~~ 210 to the

pharmacy benefit manager 804 and/or PPO BUSTERS in order to join the program and access the pharmaceutical listing and discount price list 808. All or part of the membership fee ~~840~~ 210 may be paid by the individual's ~~202~~ 104 employer or business. The membership fee ~~840~~ 210 may also include coverage for a spouse and dependents. The pharmaceutical listing 808 is created and maintained by the pharmacy benefit manager 804 or its agents and contains, in part, information provided by the pharmaceutical companies 806, which could join PPO BUSTERS 800 in order to get preferential treatment. The individual ~~202~~ 104 pays the discount price ~~8212~~ to the pharmacy benefit manager or its designated pharmacies 804 when the goods or services are rendered. The individual ~~202~~ 104 can "look up" the discount price on the discount price list 808 prior to contacting the pharmacy benefit manager or its designated pharmacies 804.

Please replace paragraph [0053] with the following amended paragraph:

[0053] Now referring to FIGURE 9A, a flow chart showing the steps 900 performed by a pharmacy benefit manager 804 in accordance with another embodiment of the present invention (FIGURE 8) is shown. The pharmacy benefit manager 804 and/or PPO BUSTERS receives membership fees from new and renewing members in block ~~902~~ 604, receives the premium listing fees and information, which include price list information, from the appropriate pharmaceutical company in block 904, and receives the basic listing information, which includes price list information, from the appropriate pharmaceutical company in block 906. After blocks ~~902~~ 604, 904 or 906, the pharmacy benefit manager 804 provides the basic/premium listings and price lists to the members in block ~~908~~ 614, receives prescription order and verification information from the member in block 910 and fills the order, ships the order and receives payment from the member in block 912. The order and payment process can be accomplished using the Internet, a dial up service, express delivery service or mail. Alternatively, the member can take the prescription to a branch or authorized agent of the pharmacy benefit manager 804 to receive and pay for the pharmaceuticals. Thereafter, the pharmacy benefit manager 804 receives and

processes feedback from members and pharmaceutical companies in block 914 and periodically updates the information provided to the members in block ~~916~~ 618.

Please replace paragraph [0054] with the following amended paragraph:

[0054] Referring now to FIGURE 9B, a flow chart showing the steps 930 performed by a pharmaceutical company 806 in accordance with another embodiment of the present invention (FIGURE 8) is shown. The pharmaceutical company 806 may agree to special pricing and/or elect to have a basic or premium listing as determined in decision block ~~932~~ 640. If the pharmaceutical company 806 elects not to have a premium listing, typically on a per drug basis, as determined in decision block ~~932~~ 640, the pharmaceutical company 806 provides the necessary information to be included in the basic listing in block ~~934~~ 642. If, however, the pharmaceutical company 806 elects to have a premium listing, as determined in decision block ~~932~~ 640, the pharmaceutical company 806 pays the premium listing fee in block ~~936~~ 644 and provides the desired information to be included in the premium listing in block ~~938~~ 646.

Please replace paragraph [0055] with the following amended paragraph:

[0055] Now referring to FIGURE 9C, a flow chart showing the steps 960 performed by a member ~~202~~ 104 in accordance with another embodiment of the present invention (FIGURE 8) is shown. The member ~~202~~ 104 pays a membership fee to join the pharmacy benefit manager 804 and/or PPO BUSTERS in block ~~962~~ 664. When the member ~~202~~ 104 needs pharmaceuticals, he or she searches the pharmaceutical list, which includes listings, educational information and pricing, using various well known criteria in block 964. The member ~~202~~ 104 then selects a pharmaceutical in accordance with a prescription and reviews the listing (basic or premium) and price list for the selected pharmaceutical in block 966. In addition, the member ~~202~~ 104 can use the present invention to research drugs and pharmaceutical companies prior to or after seeing a health care provider. The member ~~202~~ 104 then provides prescription verification and

information to the pharmacy benefit manager and pays the discount price in block 968 and receives the pharmaceuticals in block 970. The order and payment process can be accomplished using the Internet or a dial up service. Alternatively, the member ~~202~~ 104 can take the prescription to a branch or authorized agent of the pharmacy benefit manager to receive and pay for the pharmaceuticals.

Please replace paragraph [0056] with the following amended paragraph:

[0056] Referring now to FIGURE 10, a diagram illustrating a PPO/major medical plan 1000 provided by an insurance company ~~1002~~ 102 in accordance with another embodiment of the present invention is shown. PPO BUSTERS 1000 includes an insurance company ~~1002~~ 102 that provides major medical and is the network provider, individuals ~~202~~ 104 and medical service/good providers ~~206~~ 106. As previously described, individuals ~~202~~ 104 pay a membership fee ~~1006~~ 210 to the insurance company ~~1002~~ 102 and/or PPO BUSTERS in order to join the program and access the medical service/good provider listing and discount price list ~~1012~~ 208. The individual ~~202~~ 104 can also pay a major medical premium ~~1004~~ 108 to the insurance company ~~1002~~ 102. Note that the membership fee ~~1006~~ 210 and the major medical premium ~~1004~~ 108 can be combined into single or periodic payments. In addition, all or part of the membership fee ~~1006~~ 210 and major medical premium ~~1004~~ 108 may be paid by the individual's ~~202~~ 104 employer or business. The membership fee ~~1006~~ 210 and major medical premium ~~1002~~ 102 may also include coverage for a spouse and dependents. The medical service/good provider listing ~~1012~~ 208 is created and maintained by the insurance company ~~1002~~ 102 or its agents and contains, in part, information provided by the medical service/good providers ~~206~~ 106. The medical service/good providers ~~206~~ 106 provide this information to the insurance company ~~1002~~ 102 when they join PPO BUSTERS by agreeing to the terms and conditions of the insurance company ~~1002~~ 102, such as agreeing to only charge individuals ~~202~~ 104 of PPO BUSTERS the discount price ~~1008~~ 212. The individual ~~202~~ 104 pays the discount price ~~1008~~ 212 to the medical service/good provider ~~206~~ 106 when the goods or services are rendered. The individual ~~202~~ 104 can "look up" the discount

price on the discount price list ~~4012~~ 208 prior to contacting the medical service/good provider ~~206~~ 106. Once the deductible is reached, the insurance company ~~4002~~ 102 then pays the medical service/product provider ~~206~~ 106 based on what is deemed as usual and customary charges (Major Medical Payment 1010) for the product or service in the particular geographic area.

Please replace paragraph [0057] with the following amended paragraph:

[0057] Now referring to FIGURE 11A, a flow chart showing the steps 1100 performed by an insurance company ~~4002~~ 102 in accordance with another embodiment of the present invention (FIGURE 10) is shown. With respect to the major medical part of the plan, as determined in decision block 1102, the insurance company ~~4002~~ 102 receives major medical premiums from the member in block 1104. Thereafter, the insurance company ~~4002~~ 102 will periodically receive major medical claims for a member from a medical service/good provider in block 1106. The insurance company ~~4002~~ 102 then manages and pays the major medical claim to the medical service/good provider in block 1108. With respect to the PPO BUSTERS part of the plan, as determined in decision block 1102, the insurance company ~~4002~~ 102 and/or PPO BUSTERS receives membership fees from new and renewing members in block ~~4110~~ 610, receives the premium listing fees and information, which include price list information, from the appropriate medical service/good providers in block ~~4112~~ 606, receives the basic listing information, which includes price list information, from the appropriate medical service/good providers in block ~~4114~~ 608, or receives advertising fees from third parties in block ~~4116~~ 604. After the advertising fees are received in block ~~4110~~ 610, the insurance company ~~4002~~ 102 places the advertisements in content that is provided to the members in block ~~4118~~ 612. After blocks ~~4112~~ 606, ~~4114~~ 608, ~~4116~~ 604 or ~~4118~~ 612, the insurance company ~~4002~~ 102 provides the basic/premium listings and price lists to the members in block ~~4120~~ 614, receives and processes feedback from members, medical service/good providers and advertisers in block ~~4122~~ 616 and periodically updates the information provided to the members in block ~~4124~~ 618.

Please replace paragraph [0058] with the following amended paragraph:

[0058] Referring now to FIGURE 11B, a flow chart showing the steps 1130 performed by a medical service or good provider ~~206~~ 106 in accordance with another embodiment of the present invention (FIGURE 10) is shown. The medical service/good provider ~~206~~ 106 joins the member-provider network in block ~~1132~~ 634. If the medical service/good provider ~~206~~ 106 does not agree to an existing discount price list, as determined in decision block ~~1134~~ 636, the medical service/good provider ~~206~~ 106 submits a discount price list in block 1136. Once the price list is either agreed to, as determined in decision block ~~1134~~ 636, or submitted in block 1136, the medical service/good provider ~~206~~ 106 elects to have a basic or premium listing as determined in decision block ~~1138~~ 640. If the medical service/good provider ~~206~~ 106 elects not to have a premium listing, as determined in decision block ~~1138~~ 640, the medical service/good provider ~~206~~ 106 provides the necessary information to be included in the basic listing in block ~~1140~~ 642. If, however, the medical service/good provider ~~206~~ 106 elects to have a premium listing, as determined in decision block ~~1138~~ 640, the medical service/good provider ~~206~~ 106 pays the premium listing fee in block ~~1142~~ 644 and provides the desired information to be included in the premium listing in block ~~1144~~ 646. Once the listing information is complete (blocks ~~1140~~ 642 or ~~1144~~ 646), the medical service/good provider ~~206~~ 106 provides goods or services to members in block ~~1146~~ 648. If the goods or services are covered by the PPO BUSTERS part of the plan because the deductible has not been reached, as determined in decision block 1148, the medical service/good provider ~~206~~ 106 receives payment for the goods or services provided from the member based on the price list at time of delivery in block ~~1150~~ 650. As previously mentioned, the medical service/good provider ~~206~~ 106 receives payment immediately from the member instead of waiting on and hassling with an insurance company. If, however, the goods or services are covered by the major medical part of the plan because the deductible has been reached, as determined in decision block 1148, the medical service/good provider ~~206~~ 106 files a major medical claim with the insurance company in block 1152. The

medical service/good provider ~~206~~ 106 then manages and ultimately receives payment for the major medical claim from the insurance company in block 1154.

Please replace paragraph [0059] with the following amended paragraph:

[0059] Now referring to FIGURE 11C, a flow chart showing the steps 1160 performed by a member ~~202~~ 104 in accordance with another embodiment of the present invention (FIGURE 10) is shown. With respect to the PPO BUSTERS part of the plan, the member ~~202~~ 104 pays a membership fee to join the member-provider network in block ~~4462~~ 664. With respect to the major medical part of the plan, the member ~~202~~ 104 pays major medical premiums to the insurance company in block 1164. When the member ~~202~~ 104 needs medical services or goods, he or she searches the medical service/good provider list using various well known criteria, such as area and services/goods provided, in block ~~4466~~ 666. The member ~~202~~ 104 then selects a medical service/good provider and reviews the listing (basic or premium) and price list for the selected medical service/good provider in block ~~4468~~. If the medical service/good provider is acceptable, as determined in decision block ~~44670~~, the member ~~202~~ 104 contacts the selected medical service/good provider in block ~~44672~~. If, however, the medical service/good provider is not acceptable, as determined in decision block ~~44670~~, the member ~~202~~ 104 can narrow the search parameters or perform a new search in block 1166 and repeats the process. Once the member ~~202~~ 104 contacts the medical service/good provider in block ~~44672~~, the member ~~202~~ 104 receives the goods or services from the medical service/good provider in block ~~44674~~. If the member's deductible has not been reached, as determined in decision block ~~117648~~, the member ~~202~~ 104 pays the medical service/good provider for the goods or services provided based on the price list at the time of delivery up to the member's annual deductible amount in block 1178. If, however, the goods or services are covered by the major medical part of the plan because the deductible has been reached, as determined in decision block ~~117648~~, the insurance company pays the medical service/good provider for the goods or services provided that exceed the

Appl. No. 10/620,718
Amdt. dated Jul. 12, 2007
Reply to Office action of Jan. 12, 2007

member's deductible. Note that the member's deductible may include a per visit deductible, 80%/20% deductible and/or maximum out-of-pocket expense cap.